

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 570020

FILING DATE

2.28.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14		2				
15		2				
16						
17						
18						
19	1					
20						
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24						
25						
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27						
28						
29						
30	1					
31						
32						
33						
34						
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47						
48						
49						
50						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	40	←		←		←
TOTAL CLAIMS	43					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						